| - | PROPERTY OF TIME UNDER | 27 CED 4 436/a) | ocket Number (Option | | |
|---|--|--|--|--|--|
| EV 2005 | | | 81174-300297 | | |
| Application Number 10/720,040 | | | Filed November 21, 2003 | | |
| For TECHNOI | LOGIES FOR ACHIEVING LASER-QUAL | ITY MEDICAL HARD CO | PY OUTPUT FROM T | THERMAL PRINT DEVICES | |
| Art Unit 2861 Examiner KRISTAL J. FEGGINS | | | | J. FEGGINS | |
| | st under the provisions of 37 CFR 1.13 | 6(a) to extend the perior | d for filing a reply in | the above identified | |
| application. The requested | extension and fee are as follows (chec | ck time period desired a | and enter the approp | priate fee below): | |
| , | | <u>Fee</u> | Small Entity Fee | | |
| X o | one month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$120.00 | |
| T | wo months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| □т | hree months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| □ F | our months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| □ F | ive months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | |
| Applicant | claims small entity status. See 37 CF | R 1.27. | | , | |
| A check | in the amount of the fee is enclose | ed. | | | |
| Paymen | t by credit card. Form PTO-2038 is | s attached. | | | |
| The Dire | ector has already been authorized | to charge fees in this | application to a D | eposit Account. | |
| to Depos | ector is hereby authorized to chargesit Account Number 0339 NING: Information on this form may become form. Provide credit card information | 975 I hav come public. Credit card i | e enclosed a dupl | icate copy of this sheet. | |
| I am the | e 🔲 applicant/inventor. | | | | |
| | assignee of record of the e | entire interest. See 37 FR 3.73(b) is enclose | CFR 3.71. I (Form PTO/SB/9 | 96). | |
| | x attorney or agent of record | | | <u>, </u> | |
| | attorney or agent under 37 Registration number if acting | 7 CFR 1.34. g under 37 CFR 1.34 | | _ | |
| | mn. Zun | | June 15, 20 | 06 | |
| | Signature Mark R. Kendrick | | Date (212) 499 | 7252 | |
| | Reg. No. 48468 Typed or printed name | | (213) 488. Telephone N | | |
| | | | | | |
| NOTE: Signatures of signature is require | of all the inventors or assignees of record of the ed, see below. | ntire interest or their represent | ative(s) are required. Sub | mit multiple forms if more than one | |
| X Total of | 1 forms a | re submitted. | | | |
| This collection of info process) an application including gathering, p on the amount of time and Trademark Office | ormation is required by 37 CFR 1.136(a). The information is required by 37 CFR 1.136(a). The information. Confidentiality is governed by 35 U.S.C. 122 preparing, and submitting the completed application by require to complete this form and/or suggester, U.S. Department of Commerce, P.O. Box 1450. Or Commissioner for Patents, P.O. Box 1450, or for the complete in t | rmation is required to obtain or 2 and 37 CFR 1.11 and 1.14. T on form to the USPTO. Time v stions for reducing this burden, b, Alexandria, VA 22313-1450. Alexandria, VA 22313-1450. | his collection is estimated vill vary depending upon to should be sent to the Ch DO NOT SEND FEES O | I to take 6 minutes to complete, the individual case. Any comments tief Information Officer, U.S. Patent | |

PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032

120.00

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Effective on 12/08/2004. Fees pursuant to the Consolidated Approriations Act. 2005 (H.R. 4818). | | 2 Complete if Known | | |
|---|-------------------------|----------------------|--|--|
| | | Application Number | 10/720,040 November 21, 2003 CHRISTOPHER M. TAINER | |
| FEE TRAN | SWITTAL | Filing Date | | |
| for FY | 2005 | First Named Inventor | | |
| | | Examiner Name | KRISTAL J. FEGGINS | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2861 | |
| TOTAL AMOUNT OF PAYMENT | (\$) 120 | Attorney Docket No. | 81174-300297 | |
| METHOD OF PAYMENT (che | ck all that apply) | | • | |
| Check Credit Card Mo | ney Order None Other (p | please identify): | | |
| X Deposit Account Deposit Account | ont 033975 | Deposit Acc | PILLSBURY WINTHROP SHAW count Name: PITTMAN LLP | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Y Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|---------------|--|
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) | |
| Utility | 300 | 150 100 | 500 · | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |
| | | | | | | | | |

2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 Multiple dependent claims

| Total Claims . | 47** Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|----------------|---------------------------------|------------------------|---------------|---------------------------|-----------------------|
| | XXX- 20 or HP6= | _ X | = 0.00 | Fee (\$) | <u>Fee Pa</u> id (\$) |
| HP = highest | number of total claims paid for | or, if greater than 20 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |

5 XX -7-XX6*V1XHEX= <u>K 0</u> X 200.00 HP = highest number of independent claims paid for, if greater than 3

| 3. APPLICATION SIZE FEE | | | | |
|--|------------------------|------------------------|----------------------|-----------------------|
| If the specification and drawings excer- | ed 100 sheets of paper | the application size f | ee due is \$250 (\$1 | 125 for small entity) |

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = /50= (round up to a whole number) x 250.00 =

4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, 130 fee (no small entity discount) Other: Extension for response within first month

SUBMITTED BY Registration No. Telephone 213.488.7253 Signature 48468 June 15, 2006 Name (Print/Type) Mark R. Kendrick

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.